

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Manor Health Centre, Off Chapel Street,  
Forth Noweth, REDRUTH, Cornwall, TR15 1AU

**Pharmacy reference:** 1030107

**Type of pharmacy:** Community

**Date of inspection:** 06/01/2023

## Pharmacy context

The pharmacy is located within a GP practice in Redruth, Cornwall. It dispenses NHS and private prescriptions. It offers the NHS discharge medicines service. And it delivers medicines to people's homes. The pharmacy does not offer any other NHS or private services as it does not have a consultation room.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy operates in a safe and effective manner. It has suitable systems in place to identify and manage the risks associated with its services. Team members record any mistakes they make and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. And these procedures are reviewed and updated regularly. The pharmacy asks people for their feedback on its services and responds appropriately. It has the required insurance in place to cover its services. And it keeps all the records required by law. The pharmacy keeps people's private information safe. Pharmacy team members know how to protect the safety of vulnerable people

### Inspector's evidence

The pharmacy took regular action to identify, monitor and reduce the risks associated with its activities. It had a risk assessment in place which was reviewed regularly. And it had a business continuity plan. The pharmacy had standard operating procedures (SOPs) which were regularly reviewed by the superintendent pharmacist's (SI) team. The SOPs were gradually being transferred to an online portal and each team member had a personal account showing SOPs relevant to their role. The SOPs reflected how the pharmacy team worked. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had a document listing the roles and responsibilities of each team member.

Pharmacy team members recorded any mistakes they made on a paper log. Each entry contained a reflection on the cause of the error and what action they would take to prevent a recurrence. The pharmacy used the company's offsite dispensing service to prepare many of the prescriptions it received. They were screened by the pharmacist in the pharmacy and then were sent electronically to the offsite dispensing facility. The prepared prescriptions were returned to the pharmacy within a few days, where the pharmacy team matched the bags with the paper prescriptions. This last step was identified as the main cause of errors. As such, the pharmacy team took extra care to check that the correct prescription was attached to the bag of medicines received from the offsite dispensing facility. They made an additional check when handing out to the person collecting.

Dispensing errors that reached the patient were reported in a more detailed way using an online reporting tool. The pharmacy team reflected on errors made and learned from them. Each month, the manager completed a patient safety review and analysed the cause of any errors made that month. An action plan was created which was reviewed the following month. The pharmacy team discussed the patient safety review and it was prominently displayed in the pharmacy. The pharmacy received regular training materials from the SI's office which shared learning on incidents that had happened in other pharmacies. A member of the pharmacy team attended a monthly conference call with the clinical governance manager where incidents and learnings from other branches of the chain were discussed.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed in the retail area about how to provide the pharmacy with feedback. Any complaints were passed straight to the pharmacist or the manager to deal with. The

manager made sure to pass any compliments received to the team. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. But the RP sometimes signed out pre-emptively. The correct RP notice was prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were maintained on a register on the patient medication record (PMR) system. There were occasions where the incorrect prescriber had been recorded. The pharmacy kept appropriate records of any emergency supplies it made through the locally commissioned Urgent Repeat Medicines service. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members had completed training on information governance and general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the retail area. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's PMR.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation and knew what action to take.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload. Team members are well-trained to deliver their roles and keep their skills up to date by completing regular learning activities. They are confident to suggest and make changes to the way they work to improve their services. The team communicates effectively.

### Inspector's evidence

On the day of the inspection, the team members present were the RP, who was the regular employed pharmacist, two dispensers and a pharmacy technician who was part of the relief team. One of the dispensers was the branch manager. The team felt that they could manage the workload. Dispensing was up to date and prescriptions were generally ready when people arrived to collect them.

The pharmacy team felt well supported by the RP and the manager. They were given allocated time during working hours to learn. Each team member had their own account on the company eLearning system which kept a record of progress through courses. They had access to a range of learning materials and they gave examples of courses that they had completed recently.

The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. They had regular discussions about their performance. The team felt confident to discuss concerns and give feedback to the manager, who they found to be receptive to ideas and suggestions. The team felt able to make suggestions for change to improve efficiency and safety but ensured that they always followed the company SOPs. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The RP said that the targets set in the pharmacy were generally manageable. And they did not impede her ability to use her own professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

Despite its small size, the pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy is adequately secured when closed to prevent unauthorised access.

### Inspector's evidence

The pharmacy was located within a health centre in Redruth. It was accessed by the same door as the GP practice. The pharmacy was very small and did not have much waiting space. So people waiting queued in the corridor leading to the GP practice. There were two chairs just inside the pharmacy for people to use when waiting. The pharmacy did not have a consultation room due to the lack of available space.

The pharmacy held a limited amount of retail stock. A small healthcare counter led through to the dispensary. The dispensary was also small but was well organised. There were boxes of stock and dispensed prescriptions waiting to be put away. But the team worked on this throughout the inspection and the floor was clear by the end. The pharmacy had enough workbench space for dispensing and accuracy checking.

Team members cleaned the pharmacy every day and made records of this in a daily log. The healthcare counter had clear Perspex screens fitted to protect team members from COVID-19. Hand sanitiser was available throughout the pharmacy.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

There were no current maintenance issues in the pharmacy. But the manager said that any problems were quickly reported and resolved.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members give additional advice to people taking high-risk medicines to make sure they are taken safely. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy was open from 8.30am to 6pm, Monday to Friday. It closed for an hour for lunch. But this was not advertised on the online opening hours. The pharmacy was wheelchair accessible. There was a carpark outside available for people to use. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed. The pharmacy did not offer any additional services apart from dispensing due to the lack of a consultation room. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Coloured laminates were used to highlight fridge items and CDs in schedules two and three. Prescriptions for schedule four CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with laminates. Pharmacist Information Forms (PIFs) were automatically printed by the PMR system and highlighted important information. Interactions and cautions were also printed for the pharmacist to review when checking. The RP described that team members checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently and gave additional advice as needed. Laminates were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. The RP kept records of significant interventions made on the person's PMR.

The RP was aware of the risks of people becoming pregnant whilst taking sodium valproate. She knew to speak to people about the Pregnancy Prevention Programme (PPP). The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to people receiving prescriptions for valproate. The pharmacy had the information booklets and cards to hand out as appropriate.

The dispensary stock was generally arranged alphabetically on shelves. It was organised and tidy. Certain groups of medicines were stored out of alphabetical order including those prescribed for diabetes. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Records of recalls and alerts were annotated with the outcome

and the date actioned and were stored in the pharmacy.

Prescriptions containing omissions were appropriately managed and the prescription was kept with the balance until it was collected. The pharmacy was affected by national stock shortages of lots of common medicines including liquid antibiotics. Orders were placed regularly throughout the day to try and source them. The pharmacy kept people updated with the status of orders and tried to give an estimation of when owed medicines would be available. The pharmacy regularly updated the GP practice with details of medicines that they were unable to source so that alternatives could be prescribed.

The pharmacy stored CDs in accordance with legal requirements in approved cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

Logs were kept of deliveries made to people in their own homes. The manager described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable and this was found to be adequate. Patient returned medication was dealt with appropriately.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. The pharmacy uses its equipment in a way that protects people's confidential information.

### Inspector's evidence

The pharmacy had crown-stamped measures available to measure liquids, with one marked for the use of CDs only. A range of clean tablet and capsule counters were present, with a separate triangle reserved for cytotoxics. All equipment, including the dispensary fridge, was in good working order. The dispensary sink was clean.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

### What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.